

TERMINATING EMPLOYEE CHECKLIST

NAME _____ EMPLOYEE ID _____

SSN _____ POSITION # _____ LAST DAY _____

_____ SHaRP Employee Data Sheet (EDS) for termination/separation/retirement (rev. 1-2002)

_____ Resignation letter or dismissal letter

_____ Check home address/phone for changes and tell employee to keep State informed of changes.

_____ Give Benefits Summary Sheet for Terminations (Rev. 01-03) and explain benefits to employee

_____ KPERS-13 - **employee is: Vested Not Vested** (KPERS membership date: _____)
(if employee wants to withdraw KPERS - This form cannot be signed until at least 31 days after
employee's termination date) (rev. 3-01)

_____ Life Insurance Conversion Form (Rev 6-2003). Current Coverage ends _____.
Current Coverage: BASIC \$ _____ OGLI \$ _____.

_____ Final paycheck date _____.

_____ Group Health Insurance ends _____.

_____ Sick Leave balance at time of termination: _____ hours as of _____.
(date)

_____ Vacation Leave balance at time of termination: _____ hours as of _____.
(date)

_____ As appropriate, turn in ID Badges, ID Cards, Keys, KANSAN Calling Cards, Corporate Credit Cards (if
leaving State employment), keys to state vehicle & vehicle log, etc.

_____ Signed final timesheet received.

The items included on this list have been explained to me

employee's signature date

HR's signature date